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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/817,642
Filing Date	April 2, 2004
First Named Inventor	Cameron Kerrigan
Group Art Unit	1734
Examiner Name	L. E. Edwards
Attorney Docket Number	50623.380

Total Number of Pages in This Submission
(excluding references)

15

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response (9 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Petition for Extension of Time (1 month) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449	<input type="checkbox"/> Terminal Disclaimer	Statement Of Common Ownership (1 page)
<input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Express Mail Label No. EV 337 975 763 US		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Mark Lupkowski, Reg. No. 49,010
Signature	
Date	January 12, 2005

CERTIFICATE OF MAILING

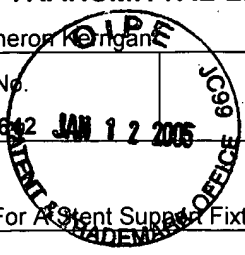
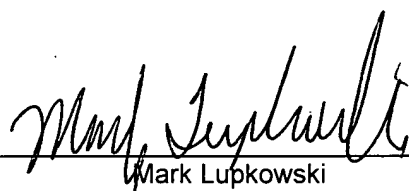
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: January 12, 2005

Typed or printed name Patricia Gamble

Signature

Date

January 12, 2005

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 50623.380	
Applicant(s): Cameron K. Morgan					
Serial No. 10/817,642		Filing Date April 2, 2004	Examiner Laura Estelle Edwards	Group Art Unit 1734	
Invention: Coupling Device For Ar Stent Support Fixture					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	20	0	X \$50.00	\$00.00
INDEP. CLAIMS	2	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$00.00</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.</p> </div> <div style="width: 45%; text-align: right;">  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Mark Lupkowski Reg. No. 49,010</p> </div> </div> <div style="margin-top: 20px;"> <p>Dated: January 12, 2005</p> <p>Squire, Sanders & Dempsey L.L.P.</p> <p>1 Maritime Plaza, Suite 300</p> <p>San Francisco, CA 94111</p> <p>(415) 954-0200</p> <p>cc: Docket:</p> </div>					